


<div>  <div> Indiana Department of Child Services 2009-2011 PIP Quarterly Report Update Quarter 1 </div> <div> Four PIP Strategies: 1. Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families. 2. Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes. 3. Engage multiple partners to protect children in their community through cooperation and communication. 4. Create an infrastructure that will support and sustain all components of delivery within the child welfare system. </div> </div>								
Quarter Due	Primary Strategy	Action Steps	Benchmarks	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
		(June 1 - Aug. 31st, 2009) Quarter 1 Action Steps and Benchmarks						
1	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.1. All existing FCMs, FCM Supervisors, Local Office Directors, and Regional Managers will be trained in the final stages of TEAPI: planning and intervening.	1.1. (a). Complete TEAPI training according to the developed roll-out training plan and calendars for FCMs, FCM Supervisors, Local Office Directors and Regional Managers.	MB Lippold and D. Judkins	Training Plan, roll-out calendar, sign-in sheets* (*Renegotiated to analysis of staff completion and plan of action to train remaining staff)	TEAPI was completed for the majority of DCS staff on 5-6-09. Also, the TEAPI training schedule indicates the dates and regions that were trained on each of the Practice Model Skills. 100% of all Local Office Directors and Regional Managers have completed training for all elements of TEAPI. Of the existing 1,557 Family Case Managers, only a small percentage in six regions have not been trained. Regions 1,3, 5 and 10 have less than 1% of staff who are not trained in all elements of TEAPI and Regions 16 and 17 have between 2% and 11% of staff not fully trained. Those staff who were not trained or did not complete the TEAPI training will do so through New Worker Training. The TEAPI training spreadsheet attached includes FCMs, FCM Supervisors and Local Office Directors. (see Appendices: A.1.Training Roster, A.2.roll-out calendar, A.3. analysis of staff completion.)		
1	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12. (a). DCS' office of data management will develop a monthly tracking report that will measure the frequency of case worker contacts with parents in regard to child out-of-home placements, las, and in-home CHINs.	D. Judkins and A. Green	Current case worker contacts policy and monthly tracking report.	The Practice Indicator report for Visitations and Contacts is capturing FCM contacts with family members. However, Office of Data Management revised the high-level definition for this Practice Indicator to clarify that family members signify the original caretakers of the child prior to removal. It was important for Indiana to emphasize that many children involved with DCS were not living with their biological parents at the time of removal but many lived with grandparents and other relatives. An ICWIS PIP TIP of the Day was sent to all ICWIS users to reinforce to field staff and managers that when making contacts with family members, it is important to choose the correct person in the contact log. Doing so guarantees the proper migration to the Practice Indicator report which measures the FCM contacts with family members more accurately. (See Appendices : B.1.Visitation and Contacts Report, B.2.Case worker Contacts Policy, B.3. ICWIS PIP Tip, and B.4.Practice Indicator Definitions/Information).		



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Quarter Due	Primary Strategy	Action Steps	Benchmarks	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (b). Regional Managers will monitor the monthly tracking report and address non-compliance issues in Strategic Action Plans.	D. Judkins	Regional Strategic Action Plans	<i>The Regional Strategic Action Plans (SAPs) were initially created in 2008 as a way for Regional Managers to develop strategies and initiatives according to the needs of their respective counties. In May 2009, the SAPs were changed to Strategic Action Reports (STAR) when DCS merged the report with data results from Practice Indicators. The STAR reports are evaluated and approved by the Deputy Director of Field Operations along with the Executive Managers of the Regional Managers. The report is intended to monitor the progression of each region and provide a cumulative account of how the state is moving towards evidence-based practice. See Appendix C (Excerpts from STAR Report)</i>		
1	2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.2. DCS will ensure that all wards are assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.	2.2. (a). FCMs will coordinate with the Medicaid office to secure the name and contact of the care coordinator for each ward. The care coordinator contact information will be shared with foster parent.	D. Judkins	Admin letter to FCMs about care select	<i>Care Select is a Medicaid care management system represented by two care management organizations. These systems operate in part to ensure that children who are made wards are enrolled in Medicaid and receiving services. During this PIP quarter, DCS released an administrative letter to field staff, supervisors, and management explaining the purpose of Care Select and requesting full collaboration with these systems. (See Appendix D: Admin Letter)</i>		
1	3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (a). DCS Domestic Violence workgroup will identify the community providers, who offer domestic violence services, to develop a partnership.	D. Judkins	Workgroup membership and Partnership membership.	<i>The DCS Domestic Violence workgroup membership consisted of internal staff who represented areas of policy, legal operations, ICWIS, Hispanic initiatives, field staff and executive management. DCS forged partnerships with two significant community providers who serve victims of domestic violence in different capacities: Dr. Carolyn Black, IU School of Social Work and Domestic Violence Specialist, Celeste Jackson of Indiana Family Social Services Administration (FSSA). Over the course of this initiative, DCS plans to expand this partnership to other community providers including law enforcement and DV service providers. (See Appendix E: Workgroup membership and partnership list).</i>		



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Quarter Due	Primary Strategy	Action Steps	Benchmarks	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
1	3) Engage multiple partners to protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4. (a). Develop a plan to implement the Permanency Project Pilot Court/DCS initiative to improve the permanency outcome.	D. Judkins and J. Lozer	Implementation Plan	<i>During Quarter 1, Deputy Directors from Field Operations, Legal, Practice Support along with Region 14's manager and CIP Administrator met to discuss how the Permanency Pilot Project will be implemented in the Pilot counties. (See Appendix F: Implementation Plan Summary)</i>		
1	4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4. (a). Expand definition of safety in practice indicator to measure safety more effectively.	D. Judkins	Revised practice indicator	<i>The Practice Indicator safety definition was expanded to mirror the federal safety definition for repeat maltreatment and absence of maltreatment in foster care. The revised practice indicator and modified reports will be available in Q2 (PIP item 4.4.b) reflecting the expanded definition. (See Appendix G : Expanded Safety Definition)</i>		
1	4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4.(c). Based on maltreatment measurements across state, Regional Managers will develop strategies that will address the frequencies in maltreatments for each region. Each region will implement strategies developed and report progress in SAPs.	D. Judkins	Regional Strategic Action Plans	<i>The Regional Strategic Action Plans (SAPs) were initially created in 2008 as a way for Regional Managers to develop strategies and initiatives according to the needs of their respective counties. In May 2009, the SAPs were changed to Strategic Action Reports (STAR) when DCS merged the report with data results from Practice Indicators. The STAR reports are evaluated and approved by the Deputy Director of Field Operations along with the Executive Managers of the Regional Managers. The report is intended to monitor the progression of each region and provide a cumulative account of how the state is moving towards evidence-based practice. See Appendix C (Excerpts from STAR Report)</i>		
Q2 Steps Completed in Q1								
2 (completed in Quarter 1)	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will local non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8.(d). Include Diligent Search question in the QAR tool for continuous review of practice.	A. Green	Revised QAR tool that includes diligent search question.	<i>The Diligent Search question was inserted into the QAR tool July 2009. (See Appendix H : Revised QAR Tool)</i>		



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2 (completed in Quarter 1)	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.11. FCMs will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11. (a). DCS will utilize practice indicators to track the frequency of visits between the child and family members.	D. Judkins and A. Green	Practice Indicator for Contacts and Visitations trendline.	(See Appendix B.1. : Visitation and Contacts Report for July 2009)		
2(completed in Quarter 1)	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12.(c.) The Family Functional Assessment (FFA) will be used as a tool guide for FCMs in preparation for quality visits in all case types (in-home CHINS, IAS, and out of home placements).	D. Judkins	Copy of Family Functioning Assessment	<i>The Family Functional Assessment is a comprehensive field guide that evaluates the domains of a family's life and assesses their level of functioning in each area. Field staff are encouraged to use this tool during the initial assessment of the family and throughout case involvement. (See Appendix I: Family Functional Assessment)</i>		
2(completed in Quarter 1)	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(e). FFA will be an agenda item for discussion at Regional Managers' Meeting.	D. Judkins	Regional Managers Meeting agenda and notes.	<i>The Family Functional Assessment was an agenda topic during the bi-weekly Regional Managers' meeting in August 2009. This initiated further discussion on how to fully engage field staff on the use of this tool and what supports are available or necessary to foster this process. (See Appendix J : Regional Managers Meeting Agenda and meeting notes).</i>		
2(completed in Quarter 1)	2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (a). DCS' Foster Care Review Group will identify a placement assessment tool to be used by FCMs before placements occur.	D. Judkins	Placement Assessment tool	<i>Indiana adopted the CANS (Child Adolescent Needs and Strengths) assessment as it's placement assessment tool and behavioral health assessment tool. The CANS is currently being piloted in Regions 3, 5, 12, and 13. FCMs are instructed to utilize this tool during the initial assessment phase of the case and on-going as needed throughout the case management stage. FCM supervisors, in these regions, have been trained as SuperUsers of the tool (received extended training to train the tool). A protocol has been developed as a guide to use the tool in the field. The protocol developed along with the pilot outcomes will be instrumental in developing policy when the CANS Assessment is adopted statewide. (See Appendices: K.1.CANS Assessment and K.2. Protocol)</i>		



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2(completed in Quarter 1)	3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (b). The DCS DV workgroup will develop recommendations from the collaboration to develop policy for field staff to assess domestic violence more effectively.	D. Judkins and A. Green	Recommendation from workgroup and written approved policy.	<i>The recommendations from the workgroup were utilized to update practice tools and current policy chapters (Intake, Assessment, General Case Management, In-Home Services, Out-of-Home Services) in which domestic violence issues made an impact. In order to locate the revisions, the tools and policies will indicate a new section that addresses domestic violence as it relates to the particular administrative or field practice. (See Appendices : L.1.Workgroup recommendations and L.2.Revised tools and Policies.)</i>		
Q3 PIP Steps Completed in Q1								
3(completed in Quarter 1)	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risk and needs assessment tools to align with TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (a). Form a committee to identify a comprehensive risk and needs assessment tool that will replace existing independent assessments and screening tools, correlate with the TEAPI practice model, and further guide and support risk and needs evaluation.	D. Judkins	List of committee members and meeting minutes.	<i>During Quarter 1, a committee was formed to identify and assess current assessments and screening tools with the effort to identify a singular comprehensive risk and need assessment tool. (Appendix M : List of committee members and meeting minutes)</i>		
3(completed in Quarter 1)	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will local non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (a). Genogram software tool will be provided to all FCMs to use to identify family supports and will be utilized during the CFTM process to identify non-custodial parents and their contacts.	D. Judkins	Genogram Software tool	<i>The GenoPro is an advanced, well-organized software tool that allows FCMs to create automated genograms and ecomaps. DCS has trained approximately 1,780 staff on this tool with the continued effort to assist FCMs in identifying family members and their supports as early as possible. (See Appendices : N.1.GenoPro Software tool, N.2. admin letter, N.3. CAT training script, and N.4.download information.)</i>		

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Quarter Due	Primary Strategy	Action Steps	Benchmarks	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
3 and 7(Q3 completed in Quarter 1)	2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (a). Programs and Services will disseminate the list of providers and dentists who accept Medicaid to FCMs via email. The list will be updated and sent out annually. FCMs will be encouraged to share updated list with foster parents during visits.	L. Rich	List of providers and distribution list.	DCS utilizes a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers, doctors, and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database which is generated from AIM (a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and has been requested that FCMs passed along the information to current foster parents. In addition, this link has been added to the Foster Family Resource Guide that is given to prospective foster parents during FAKT training. (see Appendices : O.1. Agency email from Deputy Director of Programs and Services to DCS staff, and O.2. Printouts from provider search)		
3(completed in Quarter 1)	2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (b). Programs and Services will provide a current providers list to new foster parents during FAKT training.	L. Rich	Provider list	DCS utilizes a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers, doctors, and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database which is generated from AIM (a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and has been requested that FCMs passed along the information to current foster parents. In addition, this link has been added to the Foster Family Resource Guide that is given to prospective foster parents during FAKT training. (see Appendices : O.1. Agency email from Deputy Director of Programs and Services to DCS staff, and O.2. Printouts from provider search)		
Q5 PIP Step Completed in Q1								
Q5 Step (Completed in Q1)	1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(g). QAR tool will be modified to assess frequency and quality of worker contact with parents or children.	A. Green	Updated QAR Tool	There are three questions in the WARDship tool that addresses case worker face-to-face contacts with parents. (See Appendix P : Updated QAR tool)		

Quarter Due	Primary Strategy	Action Steps	Benchmarks	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed

State:	Indiana
Date Submitted	10/6/2009
PIP:	
Quarterly Report:	x
Quarter:	1

Part B: National Standards Measurement Plan and Quarterly Status Report

Safety Outcome 1: Absence of Recurrence of Maltreatment												
National Standard	94.60%											
Performance as Measured in Final Report/Source Data Period	92.7% (4-1-05b to 3-31-06a)											
Performance as Measured at Baseline/Source Data Period	93.2% (07ab)											
Negotiated Improvement Goal	93.80%											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Safety Outcome 1: Absence of Maltreatment of Children in Foster Care												
National Standard	99.68%											

Performance as Measured in Final Report/Source Data Period	99.30%											
Performance as Measured at Baseline/Source Data Period	99.69% (FY 07ab)											
Negotiated Improvement Goal	N/A. Met National Standard: (Indiana Data Profile, July 9, 2008)											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Permanency Outcome 1: Timeliness and Permanency of Reunification												
National Standard	122.6											
Performance as Measured in Final Report/Source Data Period	120.9											
Performance as Measured at Baseline/Source Data Period	124.6 (2008ab profile)											
Negotiated Improvement Goal	N/A. Exceeded National Standard with both the 07b/08a Profile, July 9, 2008 & 08ab Profile, March 31, 2009											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Note													
Permanency Outcome 1: Timeliness of Adoptions													
National Standard	106.4												
Performance as Measured in Final Report/Source Data Period	114.7												
Performance as Measured at Baseline/Source Data Period	117.2 (2008ab profile)												
Negotiated Improvement Goal	N/A. Met Standard with both the 07b08a profile, July 9, 2008 & 08ab profile, March 31, 2009.												
Renegotiated Improvement Goal													
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
Note													
Permanency Outcome 1: Achieving Permanency for Children in Foster Care for Long Periods of Time													
National Standard	121.7												
Performance as Measured in Final Report/Source Data Period	119.7												
Performance as Measured at Baseline/Source Data Period	133.4 (08ab profile)												
Negotiated Improvement Goal	N/A - Exceeded national standard with both the 07b08a and 08ab profiles.												
Renegotiated Improvement Goal													

Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Permanency Outcome 1: Placement Stability												
National Standard	101.5											
Performance as Measured in Final Report/Source Data Period	95.6											
Performance as Measured at Baseline/Source Data Period	100.7 (08ab profile on March 31, 2009)											
Negotiated Improvement Goal	101.5											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

State:	Indiana
Date Submitted	10/7/2009
PIP:	
Quarterly Report:	x
Quarter:	1st

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor: _Safety Outcome 1____ Item: __1__		Item:											
Performance as Measured in Final Report	69%												
Performance as Measured at Baseline/Source Data Period													
Negotiated Improvement Goal													
Method of Measuring Improvement	Investigative QAR Tool - Question #2												
Renegotiated Improvement Goal													
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
	81.02%												
Note: See Appendix Q: CFSR Item #1 Baseline Data													
Outcome/Systemic Factor: _Safety Outcome 2____ Item: __3__		Item:											

Performance as Measured in Final Report	84%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QSR Tool - Practice Review 8											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: __Safety Outcome 2__ Item: __4__		Item:										
Performance as Measured in Final Report	71%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QSR Tool - Child Status Review 1											

Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: _Permanency Outcome 1___ Item: __7_		Item:										
Performance as Measured in Final Report	53%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QAR tool - new question											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: _Permanency Outcome 1___ Item: __10__		Item:										

Performance as Measured in Final Report	88%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QSR Tool - Child Status Review 9: Pathways to Independence											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: Well-Being Outcome 1____ Item: __17__		Item:										
Performance as Measured in Final Report	45%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QSR Tool - Practice Review 4: Assessing and Understanding											

Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: _ Well-being Outcome 1____ Item: _18____		Item:										
Performance as Measured in Final Report	51%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QSR Tool - Practice Review 1: Engaging - Role and Voice of Family Members											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: Well-Being Outcome 1____ Item: _19____		Item:										

Performance as Measured in Final Report	77%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QAR tools (Wardship and IA) - new questions											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: _Well-Being Outcome 1___ Item: __20__		Item:										
Performance as Measured in Final Report	37%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	QAR Tool - new language to address mothers and fathers											

Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: ____ Item: ____		Item:										
Performance as Measured in Final Report												
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: ____ Item: ____		Item:										
Performance as Measured in Final Report												

Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: _____ Item: _____		Item:										
Performance as Measured in Final Report												
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Note